

DEATH

New Hampshire Department of State
Division of Vital Records Administration
29 Hazen Drive
Concord New Hampshire 03301

OFFICIAL USE ONLY:

NUMBER

REQUESTED

ISSUED

APPLICATION FOR COPY OF DEATH RECORD*PLEASE PRINT*NAME OF
DECEASED: _____

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

DATE OF
DEATH: _____

(MONTH)

(DAY)

(YEAR)

PLACE OF
DEATH: _____

(CITY/TOWN)

PURPOSE OF WHICH CERTIFICATE IS REQUESTED: _____

YOUR
SIGNATURE: _____YOUR RELATIONSHIP
TO DECEASED: _____☐

ISSUED WITH CAUSE OF DEATH

☐

ISSUED WITHOUT CAUSE OF DEATH

**THE LAW FOR THE SEARCH OF THE FILE REQUIRES A FEE OF TWELVE DOLLARS FOR ANY ONE
RECORD. IF WE FIND THAT RECORD AND YOU MEET NEW HAMPSHIRE'S ACCESS
REQUIRMENTS, YOU WILL BE ISSUED ONE CERTIFIED COPY OF THAT CERTIFICATE**

Number of Certified copies requested:

Short Form: _____ (First copy issued at \$12; each additional copy will be issued for \$8)

The Certificate(s) will be mailed to the following address:**PLEASE PRINT**

Name

Of Applicant: _____

(FIRST)

(MIDDLE)

(LAST)

Address

Of Applicant: _____

(STREET)

(CITY/TOWN)

(STATE)

(ZIP CODE)

Applicant

Phone No.: _____

(AREA CODE & NUMBER)

NOTICE:

Any person shall be guilty of a CLASS B Felony if he/she willfully and knowingly
makes any false statement in an application for a certified copy of a vital record. (RSA
126:24)